



State of Tennessee

Health Services and Development Agency

Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

Notice of Beginning of Review Cycle

Applications will be heard **January 28, 2015 Meeting** at the Tennessee Health Services and Development Agency Meeting (except for projects noted as **Consent Calendar** which will be heard at the **December 17, 2014 Meeting**).

**Denotes applications being placed on the Consent Calendar.*

+Denotes applications under simultaneous review.

This is to provide official notification that the Certificate of Need applications listed below have begun the review cycle effective **November 1, 2014**. The review cycle includes a 60-day period of review by the Tennessee Department of Health, the Tennessee Department of Mental Health and Substance Abuse Services, or the Tennessee Department of Intellectual and Developmental Disabilities. Upon written request by interested parties the staff of the Tennessee Health Services and Development Agency shall conduct a public hearing. *Certain unopposed applications may be placed on a "consent calendar." Such applications are subject to a review less than 60 days including a 30-day period of review by the Tennessee Department of Health, the Tennessee Department of Mental Health and Substance Abuse Services, or the Tennessee Department of Intellectual and Developmental Disabilities. Applications intended to be considered on the consent calendar, if any, are denoted by an asterisk.*

Pursuant to T.C.A. Section 68-11-1609(g)(1), any health care institution wishing to oppose a Certificate of Need must file a written objection with the Tennessee Health Services and Development Agency and serve a copy on the contact person for the applicant no later than fifteen (15) days before the agency meeting at which the application is originally scheduled for consideration.

For more information concerning each application you may contact the Tennessee Health Services and Development Agency at 615/741-2364.

NAME AND ADDRESS

DESCRIPTION

*Morristown-Hamblen Hospital
908 West Fourth North Street
Morristown (Hamblen County), TN 37814
CN1410-043
Contact Person: Mike Richardson, Vice President,
Strategic Planning & Development
Phone: 865-531-5123

The initiation of a mobile lithotripsy service two (2) days per week on the hospital campus. The estimated project cost is \$328,900.00.

Consent Calendar